VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES OFFICE OF CONSUMER AFFAIRS

P.O. Box 526 - Richmond, VA 23218-0526 Phone: 804-786-1343 • FAX: 804-225-2666 • www.vdacs.virginia.gov

OCA-102 Revised 07/06

REMITTANCE FORM CHARITABLE ORGANIZATION FORM 102

YOU MUST USE THIS FORM TO RECEIVE PROPER CREDIT OF YOUR FEE(S)

Organization n	ame:			
Address:				
Federal Emplo	yer Identification Numbe	r:		
Charitable Org	anization			
Initial F	Registration Fee (\$100):	\$	_ (910-02184)	
Late R	egistration Fee (\$100):	\$	_ (910-02184)	
	I Registration Fee: g. 5 of Form 102)	\$	_ (910-02619)	
	Total Fees:	\$	_	
	tracking your payment, enter your Check Numl	ber:	_	

MAKE CHECKS PAYABLE TO "TREASURER OF VIRGINIA"

The Code of Virginia authorizes state agencies to assess interest, administrative charges and penalty fees for returned checks and past-due accounts in accordance with guidelines promulgated by the Department of Accounts.

PLEASE ATTACH COMPLETED REMITTANCE FORM TO FRONT OF REGISTRATION FORM WITH CHECK ATTACHED AND MAIL TO:

Virginia Department of Agriculture and Consumer Services P.O. Box 526 Richmond, VA 23218-0526

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OCA-102 Revised 07/06

REGISTRATION STATEMENT FOR A CHARITABLE ORGANIZATION FORM 102

"X"	Type of registration			
	Initial registration			
	Annual renewal			

Unless otherwise noted, all information provided on this form and attachments must be for the <u>current</u> fiscal year. Financial reports (except budgets) will be for the <u>most recently completed</u> fiscal year.

Failure to properly complete this form or to submit all additional documentation required by any applicable section of the Rules Governing the Solicitation of Contributions will result in an ineffective registration. Your organization may not solicit in the Commonwealth of Virginia until it is properly registered.

1.	Organization's primary name:				
2.	List any other names under which you may solicit contribution	s in Virginia:			
3.	Primary address:				
	City	State	Zip Code		
4.	Mailing address if different from primary address above:				
	City	State	Zip Code		
5.	Other contact information:	Fav. includi	ng area code		
	relephone, including area code	rax, includi	ng area code		
	Internet URL	Organizatio	n's official e-mail address		
6.	Locations of other chapters, branches, affiliates ("affiliates"):				
	 Does the organization have any chapters, branches or aff If "Yes," 	iliates in Virginia?	(Yes or No)		
	 i) Attach a list of the affiliates' names, addresses and te ii) Are the income and expenses of these affiliates include 	lephone numbers. ded in your organiz	zation's financial statement?		
	(Yes or No) If "Yes," a joint registration may to those subordinate organizations whose finances ar				
	b) Does the organization maintain any other offices in Virgini	ia, other than local	chapters, branches or affiliates?		
	(Yes or No) If "Yes." attach a list of the addr	resses and telepho	one numbers for those offices.		

7. Please "X" one:

	"X	Type of organization Corporation or limited liability entity Partnership Other (specify:	
8.	Dat	re of incorporation or formation:/	I
9.	Wh	ere was the organization legally established?City	
10.	Wh	at is the main purpose of the charitable organization?	State
11.	age Mr	me and address of designated agent for receipt of process within the Corent is designated, the organization shall be deemed to have designated the Solution / Ms. The and Company Name	nmonwealth of Virginia. NOTE: If no Secretary of the Commonwealth.
	Add	dress State	Zip Code
40	•		215 0000
12.	Org	ganization's fiscal year:	
	a)	Dates of the <u>current</u> fiscal year: From: / / To:	
	b)	Has the organization recently changed its fiscal year? (Yes or No)	
		If "Yes," provides the dates of the "short" fiscal year:	
		From: / / To: / /	
13.	IS t	ne organization exempt under the Internal Revenue Code? (Yes or No)	·
14.	Key	personnel:	
	a)	Full name and title of the individuals having signatory power over the organ	ization's funds:
	b)	Full name and title of the individuals who approve the organization's budge	t:
	c)	Has the organization, or any officer, professional fund-raiser or professional fund-ra	al solicitor thereof, ever been convicted roviding a description of the pertinent

-ori	m 10	2, Page 3									
15.	Per	centage	of fundr	aising expense	es for the mo	st recently	completed fis	scal ye	ear:		
	a)	Total am (found b	nount of y adding	contributions rg lines 1a, 1b,	eceived dire 1c, and 9c o	ctly from th	ne public: orm 990)		\$		_
	b)			undraising, incl 5 of the IRS Fo		acts with pro	ofessional fur	nd-rais	sing counsel	or profession	onal solicitors:
									\$		<u> </u>
	c)	Percent	of fundr	aising expense	es (Line b di	vided by lin	e a):			Ç	<u>%</u>
	d)			und-raising org donation desig				ge		Q	<u>%</u>
16.	Doe to-c	es the org	ganizatio lephone	on intend to sole solicitations, s	licit contribut special even	tions from t ts, direct m	he public dire ail, etc.)?	ectly (i	ncluding corp	porate gran	t proposals, door-
	(Ye	s or No)									
17.				on intend to ha conduct solicita			rganization (e	e.g. vo	lunteers, fed	lerated fund	d-raising
	(Ye	s or No)		_•							
18.	For any	the curre aspects	ent fisca (includi	ıl year, has you ng planning, m	ır organizatio anaging, or	on entered carrying ou	into an agree it) of a compl	ment eted, o	or contract w current or up	vith any per coming soli	son(s) to conduct citation?
	(Ye	s or No)		. If "Yes," plea	ase indicate	the arrange	ement with yo	ur age	ency by "X"ir	ng below:	
	C	ategory	"X"	Type of arrai	ngement						
		Α		A bona fide, s parent organi		er or emplo	yee of the ch	naritab	le organizati	on or its	
		В		An outside co		orofessiona	I fundraising	couns	el		
		С		A paid profes							
	If B	or C abo	ve are '	"X"ed:							
	a)			nd address(es) ntract that was						l solicitor(s)) and note the
	b)			f the organizati 4 of the Code o		fundraising	g contract(s) t	hat we	ere not previ	ously subm	itted as required
19.	Ple	ase indica	ate how	the organizati	on will use th	ne contribut	tions received	d durir	ng the <u>curren</u>	ı <u>t</u> fiscal yea	ar:
20.	Has	s the orga	anizatio	n been authoriz	zed by any o	ther state o	or governmen	ıtal ag	ency to solic	it contributi	ons?
	(Ye	s or No)		. If "Yes", nan	ne all such th	ne agencies	s. Submit an	attacl	nment if nece	essary.	

21.		nization, or any officer, professional fun njoined by any court or otherwise prohit	d-raising counsel, or professional solicitor for the content of the following in any jurisdiction?	organization		
	(Yes or No prohibition.		e Order that states the reasons and time period for	the injunction or		
22.	2. Has any officer, professional fund-raising counsel, or professional solicitor for the organization ever been convicted in any jurisdiction of embezzlement, larceny or other crimes involving the obtaining of money under false pretenses, or the misapplication of funds impressed with a trust?					
	(Yes or No any applica) If "Yes," attach a copy of the able pardon.	e court Order that states the reasons for the convic	ction, or a copy of		
23.	Please indi		at your organization may pursue during the current	t fiscal year ("X"		
	"X"	Type	of Solicitation			
	Te	elephone				
		rect mail				
		ternet				
		pecial events por-to-door				
		ersonal contact		_		
		her (Specify):				
25.	you do not OATH OR Two (2) dif Consumer We, the un of the orga appendices pursuant to We affirm provide su members	provide this information, you may not so AFFIRMATION If a ferent officers must sign this registre of Affairs. Copies are not allowed. Idersigned Chief Fiscal Officer and Presonization for which this statement is made in the laws of the Commonwealth of Virguand attest that no funds have been on apport, in cash or in kind, to terrorists of any terrorist. We understand that	ation form. The original must then be filed with sident (or other authorized officer), duly authorized le, certify that this statement and including any according to the best of our knowledge and belief, true, correct	to act on behalf companying ct and complete to benefit or the family wealth or by any		
	Signature of	of Chief Fiscal Officer	Signature of President or other authorize	zed officer		
	Mr. / Ms.		Mr. / Ms.			
	Print name		Print name			
	Title		Title			
	Date		 Date			

SCHEDULE OF REGISTRATION FEES

<u>FEE</u>	<u>CRITERIA</u> *
\$30	If your gross contributions for the preceding year do not exceed \$25,000.
\$50	If your gross contributions exceed \$25,000 but do not exceed \$50,000.
\$100	If your gross contributions exceed \$50,000 but do not exceed \$100,000.
\$200	If your gross contributions exceed \$100,000 but do not exceed \$500,000.
\$250	If your gross contributions exceed \$500,000 but do not exceed one million dollars.
\$325	If your gross contributions exceed one million dollars.

(*) "Gross contributions" means the total contributions received by the organization from all sources, regardless of geographic location, excluding government grants.

Organizations with <u>no prior</u> financial history filing an initial registration shall be required to pay an initial fee of \$100. Organizations with prior financial history filing an initial registration shall be required to pay an initial fee of \$100 in addition to the annual registration fee. Any organization which allows its registration to lapse, without requesting, in writing, an extension of time to file, shall be required to resubmit an initial registration.

COMPUTATION OF FEE CRITERIA

Total Direct Public Support (IRS Form 990, line 1a and 1b)	\$	(A)	
Indirect Public Support			
Total Indirect Public Support (IRS Form 990, line 1c)	\$ (B)		
Funds received from federated fundraising organization (**)	\$ (C)		
Net Indirect Public Support	(B) minus (C)►	\$	(D)
Net of Special fundraising events (IRS Form 990, line 9c)			(E)
Gross Contributions	(A) plus (D) plus (E)▶	\$	

(**) The federated fundraising organization (FFO), as defined in section 57-48 of the Code, must register annually with the Commissioner, to qualify for subtraction of funds in the fee computation. Enter the complete name of the FFO in the space provided below:

N	lor	ma	of	: =	ᆮ	\cap
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REQUIRED ATTACHMENTS

I (we) have attached the following required attachments:

"X"	Item
	Remittance form and check, made payable to "Treasurer of Virginia."
	A list of any Virginia affiliates' names, addresses and telephone numbers.
	A list of the addresses and telephone numbers for any branch offices in Virginia.
	Copies of any applicable Court Orders.
	Listing of officers, directors, and principal salaried executive officer.
	Copy of signed contract(s) between your organization and each professional fundraising counsel and/or professional solicitor.
	Copy of the previous fiscal year's financial report (Form 990 or audited financial statements. Organizations with income under \$25,000 may file a treasurer's report.). Newly formed organizations shall file a board-approved budget for the current year.
	Copies of any articles of incorporation and amendments, unless they were previously filed.
	Copies of any bylaws and amendments, unless they were previously filed.
	Copies of any IRS tax-exempt determination letter(s) and amendments, unless they were previously filed.